2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # N00000007539 1. Entity Name 04-17-2006 90338 041 ****61.25 THE MAIN GATE ASSEMBLY CHURCH, INC. Principal Place of Business Mailing Address 3120 MARINA WAY ATTN: DESMOND THOMPSON **6718 HATTERS DRIVE** LAKE WORTH FL 33467 LANTANA FL 33462 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For 65-1109676 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON; DESMOND Street Address (P.O. Box Number is Not Acceptable) 3120 MARINA WAY LANTANA FL 33462 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required ween reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Defete TITLE Change ☐ Addition THOMPSON, DESMOND NAME NAMI STREET ADDRESS 312 MARINER WAY STREET ADDRESS LANTANA FL 33462 CITY-S1-ZIP CITY-S1-ZIP Delete THE ☐ Change ☐ Addition MILLER, BASIL NAME NAMI 312 MARINER WAY STREET ADDRESS STREET ADDRESS LANTANA FL 33462 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CLARKE, RONALLY NAME NAME STREET ADDRESS 4516 BARCLAY CRESENT STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33462 CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME MILLS, MICHAEL NAME 2020 SPRUCE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH FL 33407 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCPHERSON, DIANE NAME 582 MCLEVIN SCARBOROUGH, STREET ADDRESS STREET ADDRESS ONTARIO MIB4B-7 CITY-SF-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HYLTON, VALERIE NAME NAME 1123 10TH ST STREET ADDRESS STREET ADDRESS W PALM BCH FL 33401 CITY-ST-ZIP CITY-ST-2IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on any attachment with an addition. On the like empowered.

SIGNATURE

FILED